

| | | | | | | | | | | | | | | | |
|---|--|---------------------------|------------|--------------------|----------------|-----------------------------|-------------------|--------------|-----------------------------------|-----------------|------|----------------------|------------|----------------------------|-------|
| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/799,999</td> </tr> <tr> <td>Filing Date</td> <td>March 12, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Richard L. Miller</td> </tr> <tr> <td>Title</td> <td>METHODS OF IMPROVING SKIN QUALITY</td> </tr> <tr> <td>Art Unit</td> <td>1627</td> </tr> <tr> <td>Examiner Name</td> <td>CARTER, K.</td> </tr> <tr> <td>Attorney Docket No.</td> <td>89713</td> </tr> </table> | Application Number | 10/799,999 | Filing Date | March 12, 2004 | First Named Inventor | Richard L. Miller | Title | METHODS OF IMPROVING SKIN QUALITY | Art Unit | 1627 | Examiner Name | CARTER, K. | Attorney Docket No. | 89713 |
| Application Number | 10/799,999 | | | | | | | | | | | | | | |
| Filing Date | March 12, 2004 | | | | | | | | | | | | | | |
| First Named Inventor | Richard L. Miller | | | | | | | | | | | | | | |
| Title | METHODS OF IMPROVING SKIN QUALITY | | | | | | | | | | | | | | |
| Art Unit | 1627 | | | | | | | | | | | | | | |
| Examiner Name | CARTER, K. | | | | | | | | | | | | | | |
| Attorney Docket No. | 89713 | | | | | | | | | | | | | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

11903

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number | Practitioner(s) Name | Registration Number |
|----------------------|---------------------|----------------------|---------------------|
| | | | |

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.
OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

| | | | |
|---------|-----------|-------|--|
| City | State | Zip | |
| Country | Telephone | Email | |

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

| | | | |
|---|----------------|-----------|-----------------|
| Signature | /Len S. Smith/ | Date | January 9, 2012 |
| Name | Len S. Smith | Telephone | 480-291-5892 |
| Title and Company: Principal Intellectual Property Counsel, Medics Pharmaceutical Corporation | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.